This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DU (CALCULATION SHEET)

APPLICATION NUMBER: 09753083

Total Fee Calculation

| | Fee Code | Total # Claims | Number Extra | x | Fee | Fee |
|-------------------------|-------------|-------------------|-----------------|-------------|------------|------------|
| | Sm./Lg. | | | | Sm. Entity | Lg. Entity |
| Basic Filing Fee | 201/101 | | | • | * | 710.00 |
| Total Claims >20 | 203/103 | 30 -20 | <u>- 10</u> | x18 | | 180.00 |
| Independent Claims >3 | 202/102 | <u>H</u> -3 = | | x 80 |) | 80:.00 |
| Mult. Dep Claim Present | 204/104 | | | | | <u>:</u> |
| Surcharge | 205/105 | • | | | ·. | 130.00 |
| English Translation | 139 | • | | | | • |
| TOTAL FEE CALCULA | LTION | | | | | _ |
| Fees due upon filing t | he applicat | ion: | | | | • |
| Total Filing Fees Due | = \$ | 1100,00 | · . | | | |
| Less Filing Fees Subm | nitted - S | | | _ | | |
| RALANCE DIFE | = 9 | 1100.00 | | | | |